

DEBTOR: _____

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NUMBER: _____

**Form 2-A
COVER SHEET**

For Period Ending _____

Accounting Method: Accrual Basis Cash Basis

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following reports/documents unless the U. S. Trustee has waived the requirement in writing. File the original with the Clerk of Court. Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: _____

Print Name: _____

Signature: _____

Title: _____

DEBTOR: _____

CASE NO: _____

**Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: _____ to _____

CASH FLOW SUMMARY

	Current Month	Accumulated
1. Beginning Cash Balance	\$ _____	_____ (1)
2. Cash Receipts		
Operations	_____	_____
Sale of Assets	_____	_____
Loans/advances	_____	_____
Other	_____	_____
Total Cash Receipts	\$ _____	_____
3. Cash Disbursements		
Operations	_____	_____
Debt Service/Secured loan payment	_____	_____
Professional fees/U.S. Trustee fees	_____	_____
Other	_____	_____
Total Cash Disbursements	\$ _____	_____
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	_____	_____
5 Ending Cash Balance (to Form 2-C)	\$ =====	===== (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>		<u>Book Balance</u>
Petty Cash	_____	\$	_____
DIP Operating Account	_____		_____
DIP State Tax Account	_____		_____
DIP Payroll Account	_____		_____
Other Operating Account	_____		_____
Other Interest-bearing Account	_____		_____
TOTAL (must agree with Ending Cash Balance above)		\$	=====

(1) Accumulated beginning cash balance is the cash available at the commencement of the case.

Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

DEBTOR: _____

CASE NO: _____

Form 2-C
COMPARATIVE BALANCE SHEET
For Period Ended: _____

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ _____	_____
Accounts Receivable (from Form 2-E)	_____	_____
Receivable from Officers, Employees, Affiliates	_____	_____
Inventory	_____	_____
Other Current Assets :(List) _____	_____	_____
_____	_____	_____
Total Current Assets	\$ _____	_____
Fixed Assets:		
Land	\$ _____	_____
Building	_____	_____
Equipment, Furniture and Fixtures	_____	_____
Total Fixed Assets	_____	_____
Less: Accumulated Depreciation	(_____)	_____
Net Fixed Assets	\$ _____	_____
Other Assets (List): _____	_____	_____
_____	_____	_____
TOTAL ASSETS	\$ _____	_____
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ _____	_____
Post-petition Accrued Professional Fees (from Form 2-E)	_____	_____
Post-petition Taxes Payable (from Form 2-E)	_____	_____
Post-petition Notes Payable	_____	_____
Other Post-petition Payable(List): _____	_____	_____
_____	_____	_____
Total Post Petition Liabilities	\$ _____	_____
Pre Petition Liabilities:		
Secured Debt	_____	_____
Priority Debt	_____	_____
Unsecured Debt	_____	_____
Total Pre Petition Liabilities	\$ _____	_____
TOTAL LIABILITIES	\$ _____	_____
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ _____	_____
Retained Earnings - Prepetition	_____	_____
Retained Earnings - Post-petition	_____	_____
TOTAL OWNERS' EQUITY	\$ _____	_____
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ _____	_____

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR: _____

CASE NO: _____

Form 2-D
PROFIT AND LOSS STATEMENT
For Period _____ to _____

	<u>Current Month</u>	<u>Accumulated Total (1)</u>
Gross Operating Revenue	\$ _____	_____
Less: Discounts, Returns and Allowances	(_____)	_____)
Net Operating Revenue	\$ _____	_____
Cost of Goods Sold	_____	_____
Gross Profit	\$ _____	_____
Operating Expenses		
Officer Compensation	\$ _____	_____
Selling, General and Administrative	_____	_____
Rents and Leases	_____	_____
Depreciation, Depletion and Amortization	_____	_____
Other (list): _____	_____	_____
_____	_____	_____
Total Operating Expenses	\$ _____	_____
Operating Income (Loss)	\$ _____	_____
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ _____	_____
Gains (Losses) on Sale of Assets	_____	_____
Interest Income	_____	_____
Interest Expense	_____	_____
Other Non-Operating Income	_____	_____
Net Non-Operating Income or (Expenses)	\$ _____	_____
Reorganization Expenses		
Legal and Professional Fees	\$ _____	_____
Other Reorganization Expense	_____	_____
Total Reorganization Expenses	\$ _____	_____
Net Income (Loss) Before Income Taxes	\$ _____	_____
Federal and State Income Tax Expense (Benefit)	_____	_____
NET INCOME (LOSS)	\$ _____	_____

(1) Accumulated Totals include all revenue and expenses since the petition date.

DEBTOR: _____

CASE NO: _____

Form 2-E
SUPPORTING SCHEDULES
For Period: _____ to _____

POST PETITION TAXES PAYABLE SCHEDULE

	<u>Beginning Balance (1)</u>	<u>Amount Accrued</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Check Number</u>	<u>Ending Balance</u>
Income Tax Withheld:						
Federal	\$ _____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
FICA Tax Withheld	_____	_____	_____	_____	_____	_____
Employer's FICA Tax	_____	_____	_____	_____	_____	_____
Unemployment Tax						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Sales, Use & Excise Taxes	_____	_____	_____	_____	_____	_____
Property Taxes	_____	_____	_____	_____	_____	_____
Accrued Income Tax:						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____	_____
TOTALS	\$ _____	_____	_____			_____

(1) For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior report.

INSURANCE SCHEDULE

	<u>Carrier</u>	<u>Amount of Coverage</u>	<u>Expiration Date</u>	<u>Premium Paid Through</u>
Workers' Compensation	_____	\$ _____	_____	\$ _____
General Liability	_____	\$ _____	_____	\$ _____
Property (Fire, Theft)	_____	\$ _____	_____	\$ _____
Vehicle	_____	\$ _____	_____	\$ _____
Other (list):	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

DEBTOR: _____

CASE NO: _____

Form 2-E
SUPPORTING SCHEDULES

For Period: _____ to _____

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$ _____	_____
30 to 60 days	_____	_____
61 to 90 days	_____	_____
91 to 120 days	_____	_____
Over 120 days	_____	_____
Total Post Petition	_____	
Pre Petition Amounts	_____	
Total Accounts Receivable	\$ _____	
Less: Bad Debt Reserve	_____	
Net Accounts Receivable (to Form 2-C)	<u>\$ _____</u>	
	Total Post Petition Accounts Payable	\$ _____

* Attach a detail listing of accounts receivable and post-petition accounts payable

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$ _____	_____	_____	_____	_____
Counsel for Unsecured Creditors' Committee	_____	_____	_____	_____	_____
Trustee's Counsel	_____	_____	_____	_____	_____
Accountant	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____		\$ _____

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: _____

CASE NO: _____

**Form 2-F
QUARTERLY FEE SUMMARY ***
For the Month Ended: _____

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	_____ \$	_____			
February	_____	_____			
March	_____	_____			
TOTAL 1st Quarter	\$ _____	_____ \$	_____	_____	_____
April	_____ \$	_____			
May	_____	_____			
June	_____	_____			
TOTAL 2nd Quarter	\$ _____	_____ \$	_____	_____	_____
July	_____ \$	_____			
August	_____	_____			
September	_____	_____			
TOTAL 3rd Quarter	\$ _____	_____ \$	_____	_____	_____
October	_____ \$	_____			
November	_____	_____			
December	_____	_____			
TOTAL 4th Quarter	\$ _____	_____ \$	_____	_____	_____

FEE SCHEDULE

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999.....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more.....	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

DEBTOR: _____

INITIAL FINANCIAL REPORT
CHAPTER 11

CASE NUMBER: _____

COVER SHEET

Date of Report

THIS REPORT IS DUE 15 DAYS AFTER THE PETITION FILING DATE

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. **Submit original report to U.S. Trustee.** Do not file report with Clerk of Court.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Latest Fiscal Year Financial Statements or Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement for Month and Year Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Proof of Insurance Coverage:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Property (Fire, Theft, etc.) Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Workers' Compensation Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Vehicle Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Projected Revenue, Expenses and Cash Flow for First 180 Days of Post Petition Operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Tax Account (if required)

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By: _____

Position: _____

DEBTOR: _____ POST CONFIRMATION QUARTERLY REPORT

CH. 11 CASE NO: _____ FOR QUARTER ENDED: _____

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

- 1. CASH BALANCE, BEGINNING OF QUARTER \$ _____
- 2. CASH RECEIPTS DURING QUARTER FROM ALL SOURCES _____
- 3. CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS (_____)
- 4. CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT) \$ _____

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

		Paid During <u>Quarter</u>	Total Paid <u>to Date</u>	Total Pyts. Projected <u>Under Plan</u>
1. ADMINISTRATIVE EXPENSES				
Plan Trustee Compensation	\$	_____	\$	_____
Plan Trustee Expense		_____		_____
Attorney Fees - Trustee		_____		_____
Attorney Fees - Debtor		_____		_____
Other Professionals		_____		_____
Other Administrative Expenses		_____		_____
TOTAL ADMINISTRATIVE EXPENSES	\$	_____	\$	_____
2. SECURED CREDITORS	\$	_____		_____
3. PRIORITY CREDITORS	\$	_____		_____
4. UNSECURED CREDITORS	\$	_____		_____
5. EQUITY SECURITY HOLDERS	\$	_____		_____
6. Attach additional sheets as necessary	\$	_____		_____
TOTAL PLAN PAYMENTS	\$	_____	\$	_____
		<u>Amount</u>	<u>Date</u>	<u>Check No.</u>

QUARTERLY FEE PAID: \$ _____

PLAN STATUS:

Yes No

- 1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.)
- 2. Are all post-confirmation obligations current? (If no, attach explanation.)
- 3. Projected date of application for final decree: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Attach additional _____ sheets as necessary

Reorganized Debtor

By: _____

Title